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PATENT
Expedited Procedure
After Final Response
Under 37 CFR 1.116

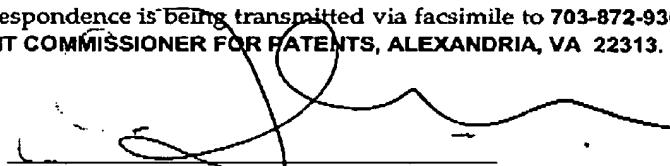
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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I hereby certify that this correspondence is being transmitted via facsimile to 703-872-9306 on 24 JUNE 2004 addressed to: ASSISTANT COMMISSIONER FOR PATENTS, ALEXANDRIA, VA 22313.



Roland K. Bowler II

Applicant:	WALCZAK ET AL.)	
)	Examiner D. Le
Appl. No.	09/769,122)	
)	Art Unit 2685
Confirm. No.	5562)	
)	Atty. Docket No. CS10560
Filed:	24 January 2001)	
Title:	"Method And System For Validating A Mobile Station Location Fix"		

TRANSMITTAL UNDER 37 CFR 1.116

Assistant Commissioner for Patents

WALCZAK ET AL.
"Method And System for Validating A
Mobile Station Location Fix"
Atty. Docket No. CS10560

Appl. No. 09/769,122
Confirm. No. 5562
Examiner D. Le
Art Unit 2685

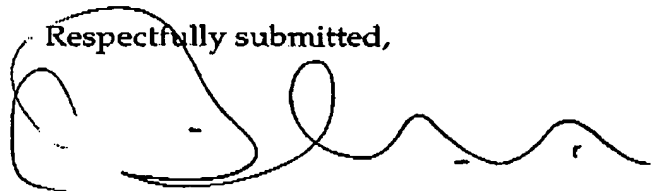
Alexandria, Virginia 22313

Sir:

The following is enclosed in response to the final Office Action of
4 June 2004:

- ☒ Response under 37 CFR 1.116 (10 pages);
- ☒ Fee Calculation Sheet (1 page) (NO FEE DUE).

Respectfully submitted,




ROLAND K. BOWLER II 24 JUN 2004
REG. NO. 33,477

MOTOROLA, INC.
INTELLECTUAL PROPERTY DEPT. (RKB)
600 NORTH U.S. HIGHWAY 45, AN475
LIBERTYVILLE, ILLINOIS 60048

TELEPHONE NO. (847) 523-3978
FACSIMILE NO. (847) 523-2350

FEE TRANSMITTAL		Complete if Known	
		Application Number	09/769,122
Patent fees are subject to annual revision		Filing Date	24 January 2001
		First Named Inventor	WALCZAK
		Examiner Name	D. LE
		Group Art Unit	2685
TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	CS10560

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 502117 Deposit Account Name Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1) (\$) 0.00			
2. EXTRA CLAIM FEES			
Total Claims	Previously Paid**	Extra Claims	Fee from below
Independent Claims	20	1	18
Multiple Dependent	3	1	84
SUBTOTAL (2) (\$) 0.00			
*OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE. *For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Roland K Bowler		Registration No.	33,477
Signature 		Telephone	847-623-3878
Date		24 June 2004	